

PART B - FEE(S) TRANSMITTAL

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(Depositor's name)
(Signature)
(Date)

CYPRESS SEMICONDUCTOR CORPORATION
198 CHAMPELLO COURT
SAN JOSE, CA 95134-1709

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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107733948 02/06/2004 S. Babar Raza CD02209 2169

TITLE OF INVENTION: DEVICE THAT PROVIDES THE FUNCTIONALITY OF DEAL-PORTED MEMORY USING SINGLE-PORTED MEMORY FOR MULTIPLE CLOCK DOMAINS

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
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nonprovisional NO \$1510 \$0 \$0 \$1510 06/07/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
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NGUYEN, HANH N 2473 370-502000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address for Change of Correspondence Address from PTO/SB/122 attached.
- ☐ "Fee Address" indication for "Fee Address" Indication form PTO/SB/47. Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent from page, list

- (1) the names of up to 3 registered patent attorneys or agents OK, alternatively.
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1.

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Cypress Semiconductor Corporation San Jose, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 56-538 (please use an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: Larry Johnson

Date: 4/12/10

Typed or printed name: Larry Johnson

Registration No.: 56,861

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